

APPEAL ACKNOWLEDGEMENT LETTER

[Date]

[Member's Name]

[Address]

[City, State, Zip]

HWLA Member Identification Number: [insert number]

DMH IS #: [insert number]

Dear [Member]:

We received your appeal on [insert date]. Thank you for letting us know about your request for a review of the Notice of Action.

<p>NOTE: If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/TDD at (800) 735-2929.</p>
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As a DMH HWLA member you have the following rights:

1. You have the right to speak for yourself during the appeal or choose another person to act for you. That person is your "representative." That person may be a relative, friend, advocate, doctor, lawyer or someone else.
2. You may send written comments, documents, records and other information about your appeal. **You should send in those papers within 15 days of the date of this letter. If you do not send them by that time, we may not consider your papers in making our decision.**

However, if you have a hearing, you may send in papers up to 15 days after the hearing ends, and we will consider them in our decision.

3. You may also ask for a hearing in person, by telephone, or by video teleconferencing with the person deciding the appeal. During the hearing, you can give the reasons why you disagree and examine and cross examine witnesses. If you want an in-person or by videoconferencing hearing, you must call within **10 days** of the date of this letter. If you want a hearing by telephone, you request it at any time, but not doing so within 10 days of the date of this letter may delay our decision on your appeal.
4. Hearings by telephone are free of charge. You must ask us to repay your costs and the costs of your representative, if you have one, for getting to an in-person

hearing. At the hearing we will tell you how to get repaid for these costs. You can change from a telephone or video teleconference to an in-person meeting at any time. You can change from an in-person meeting to a telephone hearing by asking at least 24 hours before the hearing date.

5. Before and during the appeal process you have the right to look at the case file (except for certain mental health professional notes in some limited cases) and HWLA's position statement, if there is one. The case file includes medical records, other written notes, documents or other information related to your appeal. Call DMH Patients' Rights at the number shown below if you want to look at these documents.
6. If, after we make our decision, you are still unhappy, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing **after** you have finished the HWLA appeal process and have received an appeal decision letter.

If you have questions, or want to request a hearing, call DMH Patients' Rights at (213) 738-4949 or use TTY/ TDD at (800) 735-2929. You may also give information about your appeal by mailing or faxing it to:

DMH Patients' Rights
550 South Vermont Avenue
Los Angeles, CA 90020
Fax: (213) 365-2481

We will investigate your appeal and will contact you if we need more information. A letter with our decision will be mailed to you within 45 days from the date we received your appeal.

Again, thank you for letting us know about your concerns. We value you as a HWLA member and we will make every effort to meet your health care needs.

Sincerely,

(Name of Patients' Rights Advocate)

c: Requesting Provider/Clinic/CAU